

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033521

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8264

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

c. CITY OR TOWN

Hagerstown

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3 Cypress Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

MAX

Middle

Last

COHN

4. DATE OF DEATH

Month

Day

Year

Aug. 13, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Jan. 1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Broker

10b. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (City and state or country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Abraham Cohn

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Hannah Cohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Unk.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. E. Alexander-821 Oakbrook Lane

18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Sclerosis with occlusion.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6:15 p.m.

to

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul J. Simon

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

8/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/15/63

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Hagerstown, Maryland

24. FUNERAL DIRECTOR

ADDRESS

Herman Rindskopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.

AUG 14 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Pether

Licensed Embalmer No. 3880

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.